



NORTHWESTERN STATE

COLLEGE OF NURSING AND SCHOOL OF ALLIED HEALTH

Application to Apply for Nursing 1060 (LPN TO ASN)

1800 Line Avenue
 Shreveport, LA 71101
 318.677.3100
 F 318.677.3127
 Nursing.nsula.edu

Application must be postmarked and sent by Certified Mail to:

Northwestern State University College of Nursing & School of Allied Health
 Attention: Director, ASN Program
 1800 Line Avenue, Shreveport, Louisiana 71101

Select Admitting Semester August 15th for Spring Enrollment

May 15th for Fall Enrollment

Please type or print in ink

1. Name _____ Student ID _____ - _____ - _____
 Last First Middle Maiden **NOT** Social Security Number

2. Campus requested for class: _____ **Shreveport** _____ **Alexandria**

3. Mailing Address: _____
 No. & Street Apt. # City State Zip

4. Primary Telephone: (_____) _____ Alternate Telephone: (_____) _____

5. Primary Email Address: _____

6. List other Colleges and Universities Attended/Attending (including your LPN program)

College Name	City	State	Dates	Degree Earned

7. Do you have one year's experience as an LPN? _____ Yes _____ No (**Attach current copy of LPN License**)
 If yes, do you have at least one year's recent experience in Medical/Surgical? _____ Yes _____ No
 Are you IV certified? _____ Yes _____ No (**attach verification of IV therapy content in LPN Program or IV therapy Certification**)

8. I have read and understand the attached **Special Admission, Progression, Dismissal and Graduation Policies.**

9. I have read and understand the attached **Performance and Technical Standards.**

 Applicant's Signature

 Date